

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>B. H.</i>	<i>12/19/93</i>	<i>11/4/99</i>
O.I.P.E. CLASSIFIER		<i>12</i>	<i>11/10</i>
FORMALITY REVIEW	<i>Qm</i>	<i>64930</i>	<i>11-24</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
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2	0	0	
3	0	0	
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50	0	0	

Claim	Final	Original	Date
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52	0	0	
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96	0	0	
97	0	0	
98	0	0	
99	0	0	
100	0	0	

Claim	Final	Original	Date
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112	0	0	
113	0	0	
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115	0	0	
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150	0	0	

If more than 150 claims or 10 actions  
staple additional sheet here

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